



A STUDY ON REPRODUCTIVE OUTCOME IN WOMEN WITH CONGENITAL UTERINE ANOMALIES

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ABSTRACT

Introduction: congenital uterine anomalies are associated with highest incidence of reproductive failures and obstetric complications. **Aims and Objectives:** The aim of this study is to evaluate the association between congenital uterine anomalies and perinatal outcomes stratified by type of anomaly. **Methodology:** This is prospective observational study included singleton pregnancies delivered at maharajah's institute of medical sciences from May 2022 to May 2024 with congenital uterine anomalies confirmed by ultrasound and accidentally discovered during Lower segment Caesarean section and its effects on perinatal outcome. **Results:** In this study 15 pregnant women were identified with congenital uterine anomalies. arcuate was the most common subtype, followed by bicornuate and septate uterus. when compared to others, the risk of miscarriages was more in septate uterus. Malpresentation's are most associated with arcuate uterus followed by septate. Bicornuate uterus was associated with higher risk of PPRM. **Conclusion:** congenital uterine anomalies increase the risk of complications during pregnancy, delivery. complications most frequent in congenital uterine anomalies patients were preterm deliveries, fetal malpresentation and caesarean delivery and recurrent miscarriages.

KEYWORDS : Congenital Uterine Anomalies, Pregnancy, Miscarriages.

INTRODUCTION

Congenital uterine anomalies are recognised as being associated with infertility and recurrent pregnancy loss ⁽¹⁾. Many studies have shown congenital uterine anomalies to be associated with increased risks for preterm birth, abnormal fetal presentation, caesarean delivery, placental abruption, and small-for-gestational age infants ⁽¹⁾.

At present, the classification of congenital uterine malformations promulgated in 1988 by the American Fertility Society (AFS) is widely used ^(1,7-10). However, the AFS classification is based on morphologic findings and does not reflect pregnancy outcomes.

The aim of the present study was to easily and reliably evaluate pregnancy outcomes in women with uterine anomalies.

MATERIALS AND METHODS

It is an observational study, done on patients who came to our tertiary centre with uterine anomalies. Our study includes all the pregnant women with uterine anomalies who came to our tertiary centre from May 2022 to May 2024.

Inclusion Criteria

- A patient with previously known uterine anomaly
- A patient with ultrasound report in this pregnancy with uterine anomaly
- A patient who was accidentally discovered uterine anomaly during LSCS

In our study, we tried to find the relationship between congenital uterine anomalies and their obstetrics outcome like malpresentation, Preterm deliveries, abortions, and caesarean sections. A detailed record of all delivery notes or abortion was noted. All complications and interventions noted. The gestational age of the women was calculated using her menstrual period if she was very sure of her dates. If she was unsure of her dates, then it was calculated from her available ultrasound report.

Observations

In two years, we diagnosed 15 women with uterine anomalies.

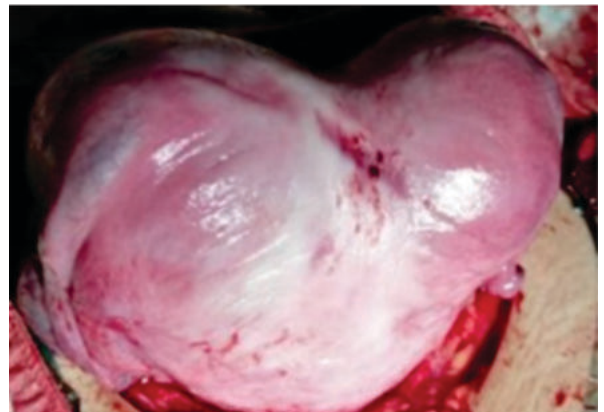


Fig:1 Intra Operative Findings Of Arcuate Uterus

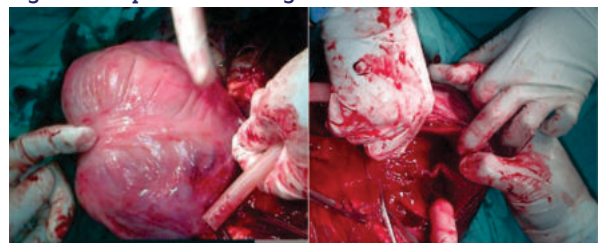


Fig:2 Intra Operative Findings Of Uterine Septum Extended From Fundus To The Corpus Uteri



Fig:3 Intra Operative Findings Of Didelphys Uterus

Table 1: Number Of Cases Found During Study Period

Type of anomaly	Number	Total
Arcuate	6	6
Bicornuate	3	9
Septate	3	12
Didelphys	2	14
Unicornuate	1	15

Table 2: Pregnancy Outcome With Uterine Anomalies

Type of anomaly	PPROM	27-34 weeks	34-37 weeks	>37 weeks
Arcuate (6)	-	-	-	6
Bicornuate (3)	1	-	1	1
Septate (3)	3	1	2	-
Didelphys(2)	-	-	-	2

Table 3: Previous Pregnancy Outcome

Type of anomaly	Primi	Previous miscarriage	Living child	Total
Arcuate (6)	2	-	4	6
Bicornuate (3)	2	-	-	2
Septate (3)	1	2	-	3
Didelphys (2)	2	-	-	2
Unicornuate (1)	-	-	1	1

Table 4: Mode Of Delivery Outcome

Type of anomaly	Miscarriage /IUD	Malpresen-tation	C-section	Vaginal
Arcuate (6)	-	4	4	2
Bicornuate (3)	1	2	2	-
Septate (3)	-	3	3	-
Didelphys (2)	-	2	2	-
Unicornuate (1)	1	-	-	-

Table 5: Neonatal Outcome

Type of anomaly	IUGR	LBW	Perinatal mortality
Arcuate (6)	-	2	-
Bicornuate (3)	-	-	1
Septate (3)	1	2	-
Didelphys (2)	1	-	-

DISCUSSION

In our study we concluded those women who came to our tertiary centre with congenital uterine anomalies which were found during cesarean section done for fetal malpresentation and few women came with documented sonography report with diagnosis of uterine anomalies.our results shows arcuate uterus is the commonly encountered anomaly at our tertiary centre.out 6 cases , all women with arcuate uterus delivered full term foetus and has good outcome, 4 cases presented with malpresentation and undergone c-section, 2 cases has normal vaginal delivery and 2 cases delivered low birth weight babies.

3 cases of bicornuate uterus are there in our study. 1 case presented with PPROM and delivered preterm foetus, 1 case delivered full term foetus, 1 spontaneous abortion occurs at 14 weeks gestation. Although rupture is most common in bicornuate uterus, no rupture occurred in our study. 2 cases delivered by LSCS & 1 perinatal mortality is observed. In one study, Ludimer et al, it was found that pregnancy beyond 25 weeks has better results, but these are associated with high frequency of malpresentation and caesarean delivery.

Of 3 septate uterus, 3 cases presented with PPROM and delivers preterm fetus by LSCS.according to Kupesic the thickness of septum has no influence on obstetric complication, but significantly higher prevalence of early pregnancy loss and late complication are seen more in vascularised septum than those with non vascularised. In septate uterus, Hua et al shows 31% of prematurity and buttram shows 33% of prematurity and 67% of miscarriages.

Of 2 cases of didelphys uterus, both cases are delivered at term by LSCS due to malpresentation.

Unicornuate uterus is most uncommon uterine anomaly.our study has 1 case of unicornuate uterus, has IUD at 22 weeks. The limitation of our study, sample size is less.

CONCLUSION

congenital uterine anomalies increase the risk of complications during pregnancy, delivery. complications most frequent in congenital uterine anomaly patients were preterm deliveries, fetal malpresentation and caesarean delivery and recurrent miscarriages.

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